DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: WHISPERING HEIGHTS CBRF (410449) Address: 1704 GEORGIA ST, STURGEON BAY, WI 54235

License Status: REGULAR

Licensed/Certified/Registered 01/01/1997

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0092483 End Date: 04/29/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091990 End Date: 02/04/2004 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Date Complaint Received: 02/05/2004 Date Investigation Completed: 05/05/2004

Subject Area(s) Result SOD #

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
MEDICATIONS
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 10/23/2003 Date Investigation Completed: 02/16/2004

Subject Area(s) Result SOD #

MEDICATIONS NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

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